

(Signature of Traveler)

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

| Aimee Grace Name of Traveler: | |
|--|--|
| Schamploying Office/Committee: | atz |
| Americ Private Sponsor(s) (List all): | an Telemedicine Association |
| April 24-25, 2017 Travel Date(s): | |
| Description/Title of Attached Forms | PSTCF (final version): Itinerary (final version) |
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| Purpose of Amendment (describe th | Post-travel submission e reason for amending original submission): |
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(Revised 1/3/2011)

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PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

This form must be completed by any private entity offering to provide travel or reimbursement for travel to Senate Members, officers, or employees (Senate Rule 35, clause 2). Each sponsor of a fact-finding trip must sign the completed form. The trip sponsor(s) must provide a copy of the completed form to each invited Senate traveler, who will then forward it to the Ethics Committee with any other required materials. The trip sponsor(s) should NOT submit the form directly to the Ethics Committee. Please consult the accompanying instructions for more detailed definitions and other key information.

The Senate Member, officer, or employee MUST also provide a copy of this form, along with the appropriate travel authorization and reimbursement form, to the Office of Public Records (OPR), Room 232 of the Hart Building, within thirty (30) days after the travel is completed.

| 1. | Sponsor(s) of the trip (please list all sponsors): American Telemedicine Association |
|------------|---|
| 2. | Description of the trip: |
| 3. | Dates of travel: Monday April 24 - Tuesday April 25, 2017 |
| 4. | Place of travel: Orlando, FL |
| 5. | Name and title of Senate invitees: Almee Grace, Health Policy Advisor for Sen. Schatz |
| 6. | l certify that the trip fits one of the following categories: (A) The sponsor(s) are not registered lobbyists or agents of a foreign principal and do not retain or employ registered lobbyists or agents of a foreign principal and no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip. -OR - |
| | □ (B) The sponsor or sponsors are not registered lobbyists or agents of a foreign principal, but retain or employ one or more registered lobbyists or agents of a foreign principal and the trip meets the requirements of Senate Rule 35.2(a)(2)(A)(i) or (ii) (see question 9). |
| 7 . | I certify that the trip will not be financed in any part by a registered lobbyist or agent of a foreign principal. |
| | I certify that the sponsor or sponsors will not accept funds or in-kind contributions earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal. |
| 8. | I certify that: The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal except for de minimis lobbyist involvement. - AND - |
| | The traveler will not be accompanied on the trip by a registered lobbyist or agent of a foreign principal except as provided for by Committee regulations relating to lobbyist accompaniment (see question 9). |

| 9. | USE ONLY IF YOU CHECKED QUESTION 6(B) I certify that if the sponsor or sponsors retain or employ one or more registered lobbyists or agents of a foreign principal, one of the following scenarios applies: |
|-----|--|
| | (A) The trip is for attendance or participation in a one-day event (exclusive of travel time and one overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip. - OR - |
| | (B) The trip is for attendance or participation in a one-day event (exclusive of travel time and two overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip (see questions 6 and 10). −OR − |
| | (C) The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) of the Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip. |
| 10. | USE ONLY IF YOU CHECKED QUESTION 9(B) If the trip includes two overnight stays, please explain why the second night is practically required for Senate invitees to participate in the travel: |
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| | |
| п. | An itinerary for the trip is attached to this form. I certify that the attached itinerary is a detailed (hourby-hour), complete, and final itinerary for the trip. |
| 12. | Briefly describe the role of each sponsor in organizing and conducting the trip: |
| | American Telemedicine Association, the holder of this Convention, is the leading membership association |
| | on telemedicine. ATA members include individuals and organizations interested in the use of |
| | telemedicine. ATA is a 501(c)(3) tax-exempt organization. |
| 13. | Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission: The mission of ATA is as membership association of telemedicine stakeholders. This meeting is the |
| | annual ATA convention and the world's largest and most comprehensive educational meeting and trade |
| | show about telemedicine and related goods and services. |
| 14. | Briefly describe each sponsor's prior history of sponsoring congressional trips: In 2016, we sponsored 2 Senate and 1 House staff for that year's Convention. |
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| The Association is a 501(c)(3) membership organization. This meeting will have more than 100 | | | | | | | |
|--|---|--|----------------------------------|---|--|--|--|
| educational sessions (meeting the criteria for continuing medical education credit). Also, ATA provides | | | | | | | |
| other educational services to members and non-members throughout the year. | | | | | | | |
| Total Expenses for Each Participant: | | | | | | | |
| | Transportation Expenses | Lodging Expenses | Meal Expenses | Other Expense | | | |
| Good Faith estimate Actual Amounts | Transportation - \$400 - (\$350 round trip airfare; \$50 for transportation to and from the airport and hotel.) | \$124.48 for 1 night (hotel's government rate for Convention plus tax) | \$116 (included in registration) | Government registratio (ex-meals): \$ | | | |
| participation or b) the congressional partici | • | that is arranged or or | rganized <i>specifically</i> v | with regard to | | | |
| participation or b) the congressional participation annual n | e trip involves an event pation: neeting is arranged and | that is arranged or or organized without re | rganized <i>specifically</i> v | with regard to | | | |
| participation or b) the congressional participation annual numbers of the Reason for selecting | e trip involves an event pation: neeting is arranged and the location of the even | that is arranged or or organized without re | rganized <i>specifically</i> v | with regard to | | | |
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| Participation or b) the congressional participation Association annual meeting location variable. Name and location of Rosen Plaza, Orland | e trip involves an event pation: neeting is arranged and the location of the even ies annually for membe | that is arranged or or organized without restricted without restricted without restricted as a second secon | rganized <i>specifically</i> v | with regard to | | | |
| Reason for selecting Meeting location var Name and location of Rosen Plaza, Orland Reason(s) for selecting | e trip involves an event pation: neeting is arranged and the location of the even ies annually for memba of hotel or other lodging do, FL | that is arranged or or organized without restricted without restricted facility: | gard to Congressions | el participation | | | |

| 21. | Describe how the daily expenses for lodging, meals, and other expenses provided to trip participants compares to the maximum per diem rates for official Federal Government travel: | | | | | |
|-----|--|--|--|--|--|--|
| | Lodging will be covered by hotel space available to sponsor for meeting package. Lunches will be part of | | | | | |
| | public meeting services and sessions. The contracted government rate for the hotel and the Convention | | | | | |
| | Center catered lunch costs are slightly above local Federal per diem rates. | | | | | |
| 22. | Describe the type and class of transportation being provided. Indicate whether coach, business-class or first class transportation will be provided. If first-class fare is being provided, please explain why first-class travel is necessary: | | | | | |
| | Coach class commercial air | | | | | |
| 23. | I represent that the travel expenses that will be paid for or reimbursed to Senate invitees do not include expenditures for recreational activities, alcohol, or entertainment (other than entertainment provided to all attendees as an integral part of the event, as permissible under Senate Rule 35). | | | | | |
| 24. | List any entertainment that will be provided to, paid for, or reimbursed to Senate invitees and explain why the entertainment is an integral part of the event: | | | | | |
| | No additional entertainment over and above what is listed in the daily schedule (attachment per #11) | | | | | |
| 25. | I hereby certify that the information contained herein is true complete and correct. (You must include the completed signature block below for each travel spansor). Signature of Travel Sponsor: | | | | | |
| | Name and Title: Jonathan D'Elnkous, Chief Executive Officer | | | | | |
| | Name of Organization: American Telemedicine Association | | | | | |
| | Address: 1100 Connecticut Ave NW, Washington, DC 20036 | | | | | |
| | Telephone Number: 202-223-3333 | | | | | |
| | Fax Number: 202-223-2787 | | | | | |
| | E-mail Address: jlinkous@americantelemed.org | | | | | |



American Telemedicine Association
1100 Connecticut Ave. NW, Suite 540, Washington, DC 20036-1146
Phone: 202.223 3333 Fex: 202.223.2787 www.americantelemed org

March 8, 2017

Dr. Aimee Grace Office of Sen. Schatz SH-722 Hart Senate Office Building Washington, D.C. 20510

Dear Dr. Grace:

We invite you to attend the ATA Annual Conference and Trade Show in Orlando, FL from April 23-25. The ATA Conference is the world's largest and most comprehensive meeting focused on telemedicine, digital, connected and mobile health.

During the visit, you will have the opportunity to tour our exhibit hall featuring over 300 healthcare technology products, and hear about 100 peer-reviewed sessions – as well as keynote presentations from leading individuals transforming the telehealth industry – on how they're overcoming barriers and advancing telemedicine through the professional, ethical and equitable improvement in health care delivery.

Knowing of your role in advising Sen. Schatz on health issues, we believe this visit might provide needed insights into the impacts of certain federal policies on telehealth-provided services and payment innovations in your state.

Thank you in advance for your consideration, I hope that you will be able to accept our invitation to participate. I will follow-up with your office regarding the details of this event.

Sincerely,

Jonathan D. Linkous Chief Executive Officer

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Attachment to Private Sponsor Travel Certification Form for the American Telemedicine Association

11. A detailed itinerary for Grace is as follows:

| | Monday, April 24 = | |
|-------------|---------------------|---|
| | 9:21 am | Grace will fly into Orlando on AA 2479 |
| Page 19 apr | 10:15 am — 11:15 am | Educational Session: Telemental Health, from Integration to Transformation |
| | 11:30 am - 12:30 pm | Educational Session: Planning for MACRA, Health Reform Regulatory and Reimbursement Changes |
| | 12:30 pm - 1:30 pm | Federal Policy Luncheon (Grace will be a speaker) |
| | 1:30 pm – 2:30 pm | Educational Session: Tele-Emergency Performance Assessment Reporting Tool: A Standardized Approach to Measuring Impact |
| • | 2:45 pm — 3:45 pm | Educational Session: Transforming Care for Sexual Assault Patients, Clinicians and Communities |
| | 3:45 pm - 4:30 pm | Networking Coffee Break in Exhibit Hall |
| | 4:30 pm – 5:30 pm | Educational Session: Women in Telemedicine: Leading The Charge of Healthcare Innovation |
| | 5:30 pm - 6:30 pm | Networking Reception in Exhibit Hall |
| | Tuesday, April 25 | |
| | | Plenary Session: Expecianons for Telemedicine and ATA |
| | 10:00 am - 10:45 am | Networking Coffee Break in Exhibit Hall |
| | | Educational Session: Children's Health to Family Health: Leveraging Technology to Increase Access to Care |
| | 11:45 am - 12:45 pm | Lunch in Exhibit Hall |
| | 12:45 pm – 1:45 pm | Educational Session: Telehealth of Tomorrow: Wearables & Apps to Data Analytics to New Payment Models and Beyond |
| | 2:00 pm - 3:00 pm | Educational Session: From Volume to Value: Changing the Role Of Telemedicine |
| | 5:25 pm | Grace will return on AA 2491 |

This a multi-purpose, multi-track convention with about 5,000 attendees, featuring over 100 educational sessions (meeting the criteria for continuing medical education credit) and the world's largest exhibit of telemedicine products and services and other stakeholders (including some federal agency exhibits).

Grace will be able, throughout the convention period, to meet with constituents, other federal government officials, and other US and international subject matter experts.

Additional convention information is at http://www.ata2017.org.